

2. Safe Working Load—5 short tons or less.	Prior to reuse after structural damage repair.	OSHA accredited agency or designated person.	125% SWL.
3. Intermodal container spreaders not part of vessel's cargo handling gear.	Every four years starting on January 21, 1998.	OSHA accredited agency or designated person.	125% SWL.
	Prior to reuse after structural damage repair.	OSHA accredited agency.	

NOTE TO APPENDIX IV: Special stevedoring gear in use prior to January 21, 1998 was covered by §1918.61(b), in effect prior to January 21, 1998. (See 29 CFR Parts 1911 to 1925 revised as of July 1, 1997). The assumption is made that gear in use prior to January 21, 1998, has already been proof load tested, although not necessarily by an accredited agency. However, if the employer cannot certify that such gear was proof load tested under §1918.61(b), in effect prior to January 21, 1998, (See 29 CFR Parts 1911 to 1925 revised as of July 1, 1997), then it must be proof load tested in accordance with §1918.61 in effect on January 21, 1998, (See 29 CFR Parts 1911 to 1925 revised as of July 1, 1998.)

[65 FR 40950, June 30, 2000]

#### APPENDIX V TO PART 1918—BASIC ELEMENTS OF A FIRST AID TRAINING PROGRAM (NON-MANDATORY)

NOTE: This appendix is non-mandatory and provides guidelines for small businesses, institutions teaching first aid, and the recipients of first aid training.

##### GENERAL PROGRAM ELEMENTS

###### A. Teaching Methods

1. Trainees should develop “hands on” skills through the use of manikins and trainee partners during their training.
2. Trainees should be exposed to acute injury and illness settings as well as the appropriate response to those settings through the use of visual aids, such as video tape and slides.
3. Training should include a course workbook which discusses first aid principles and responses to settings that require interventions.
4. Training duration should allow enough time for particular emphasis on situations likely to be encountered in particular workplaces.
5. An emphasis on quick response to first aid situations should be incorporated throughout the program.

###### B. Principles of Responding to a Health Emergency

The training program should include instruction in:

1. Injury and acute illness as a health problem.

2. Interactions with the local emergency medical services system. Trainees have the responsibility for maintaining a current list of emergency telephone numbers (police, fire, ambulance, poison control) easily accessible to all employees.

3. The principles of triage.

4. The legal aspects of providing first aid services.

###### C. Methods of Surveying the Scene and the Victim(s)

The training program should include instruction in:

1. The assessment of scenes that require first aid services including:
  - a. general scene safety.
  - b. likely event sequence.
  - c. rapid estimate of the number of persons injured.
  - d. identification of others able to help at the scene.
2. Performing a primary survey of each victim including airway, breathing, and circulation assessments as well as the presence of any bleeding.
3. The techniques and principles of taking a victim's history at the scene of an emergency.
4. Performing a secondary survey of the victim including assessments of vital signs, skin appearance, head and neck, eye, chest, abdomen, back, extremities, and medical alert symbols.

###### D. Basic Adult Cardiopulmonary Resuscitation (CPR)

Basic adult CPR training should be included in the program. Retesting should occur every year. The training program should include instruction in:

1. Establishing and maintaining adult airway patency.
2. Performing adult breathing resuscitation.
3. Performing adult circulatory resuscitation.
4. Performing choking assessments and appropriate first aid interventions.
5. Resuscitating the drowning victim.

###### E. Basic First Aid Intervention

Trainees should receive instruction in the principles and performance of:

1. Bandaging of the head, chest, shoulder, arm, leg, wrist, elbow, foot, ankle, fingers, toes, and knee.

2. Splinting of the arm, elbow, clavicle, fingers, hand, forearm, ribs, hip, femur, lower leg, ankle, knee, foot, and toes.

3. Moving and rescuing victims including one and two person lifts, ankle and shoulder pulls, and the blanket pull.

#### *F. Universal Precautions*

Trainees should be provided with adequate instruction on the need for and use of universal precautions. This should include:

1. The meaning of universal precautions, which body fluids are considered potentially infectious, and which are regarded as hazardous.

2. The value of universal precautions for infectious diseases such as AIDS and hepatitis B.

3. A copy of OSHA's standard for occupational exposure to bloodborne pathogens or information on how to obtain a copy.

4. The necessity for keeping gloves and other protective equipment readily available and the appropriate use of them.

5. The appropriate tagging and disposal of any sharp item or instrument requiring special disposal measures such as blood soaked material.

6. The appropriate management of blood spills.

#### *G. First Aid Supplies*

The first aid provider should be responsible for the type, amount, and maintenance of first aid supplies needed for their particular worksite(s). These supplies need to be stored in a convenient area available for emergency access.

#### *H. Trainee Assessments*

Assessment of successful completion of the first aid training program should include instructor observation of acquired skills and written performance assessments. First aid skills and knowledge should be reviewed every three years.

#### *I. Program Update*

The training program should be periodically reviewed with current first aid techniques and knowledge. Outdated material should be replaced or removed.

### **SPECIFIC PROGRAM ELEMENTS**

#### *A. Type of Injury Training*

##### **1. Shock**

Instruction in the principles and first aid intervention in:

- a. shock due to injury.
- b. shock due to allergic reactions.
- c. the appropriate assessment and first aid treatment of a victim who has fainted.

##### **2. Bleeding**

a. the types of bleeding including arterial, venous, capillary, external, and internal.

b. the principles and performance of bleeding control interventions including direct pressure, pressure points, elevation, and pressure bandaging.

c. the assessment and approach to wounds including abrasions, incisions, lacerations, punctures, avulsions, amputations, and crush injuries.

d. the principles of wound care including infection precautions, wounds requiring medical attention, and the need for tetanus prophylaxis.

##### **3. Poisoning**

Instruction in the principles and first aid intervention of:

a. alkali, acid and systemic poisons. In addition, all trainees should know how and when to contact the local Poison Control Center.

b. inhaled poisons including carbon monoxide, carbon dioxide, smoke, and chemical fumes, vapors and gases as well as the importance of assessing the toxic potential of the environment to the rescuer and the need for respirators.

Trainees should be instructed in the acute effect of chemicals utilized in their plants, the location of chemical inventories, material safety data sheets (MSDS's), chemical emergency information, and antidote supplies.

c. topical poisons including poison ivy, poison sumac, poison oak, and insecticides.

d. drugs of abuse including alcohol, narcotics such as heroin and cocaine, tranquilizers, and amphetamines.

##### **4. Burns**

Instruction in the principles and first aid intervention of:

a. assessing the severity of the burn including first degree, second degree, and third degree burns.

b. differentiating between the types of third degree burns (thermal, electrical, and chemical) and their specific interventions. Particular attention should be focused upon chemical burns, and the use of specific chemicals in the workplace which may cause them.

##### **5. Temperature Extremes**

Instruction in the principles and first aid intervention of:

- a. exposure to cold including frostbite and hypothermia.
- b. exposure to heat including heat cramps, heat exhaustion, and heat stroke.

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### **6. Musculoskeletal Injuries**

The training program should include instruction in the principles and first aid intervention in:

- a. open fractures, closed fractures, and splinting.
- b. dislocations, especially the methods of joint dislocations of the upper extremity. The importance of differentiating dislocations from fractures.
- c. joint sprains.
- d. muscle strains, contusions, and cramps.
- e. head, neck, back, and spinal injuries.

### **7. Bites and Stings**

Instruction in the principles and first aid intervention in:

- a. human and animal (especially dog and snake) bites.
- b. bites and stings from insects (spiders, ticks, scorpions, hornets and wasps). Interventions should include responses to anaphylactic shock; other allergic manifestations; rabies and tetanus prophylaxis.

### **8. Medical Emergencies**

Instruction in the principles and first aid intervention of:

- a. heart attacks
- b. strokes
- c. asthma attacks
- d. diabetic emergencies including diabetic coma, insulin shock, hyperglycemia, and hypoglycemia.
- e. seizures including tonic-clonic and absence seizures. Importance of *not* putting gags in mouth.
- f. pregnancy including the appropriate care of any abdominal injury or vaginal bleeding.

### **9. Confined Spaces**

- a. the danger of entering a confined space to administer first aid without having the appropriate respiratory protection.
- b. if first aid personnel will be required to assist evacuations from confined spaces, additional training will be needed.

#### ***B. Site of Injury Training***

Instruction in the principles and first aid intervention of injuries to the following sites:

#### **1. Head and Neck**

- a. including skull fractures, concussions, and mental status assessments with particular attention to temporary loss of consciousness and the need for referral to a physician.
- b. including the appropriate approach to the management of the individual who has suffered a potential neck injury or fracture.

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### **2. Eye**

- a. foreign bodies, corneal abrasions and lacerations.
- b. chemical burns and the importance of flushing out the eye.
- c. the importance of not applying antibiotics without physician supervision.

### **3. Nose**

- a. nose injuries and nose bleeds.

### **4. Mouth and Teeth**

- a. oral injuries, lip and tongue injuries, and broken and removed teeth. The importance of preventing inhalation of blood and teeth.

### **5. Chest**

- a. rib fractures, flail chest, and penetrating wounds.

### **6. Abdomen**

- a. blunt injuries, penetrating injuries, and protruding organs.

### **7. Hand, Finger, and Foot Injuries**

- a. finger/toe nail hematoma, lacerations, splinters, finger nail avulsion, ring removal, and foreign bodies.
- b. the importance of identifying amputation care hospitals in the area. When an amputation occurs, appropriate handling of amputated fingers, hands, and feet during the immediate transportation of the victim and body part to the hospital.

## **PART 1919—GEAR CERTIFICATION**

### **Subpart A—General Provisions**

Sec.

- 1919.1 Purpose and scope.  
1919.2 Definition of terms.

### **Subpart B—Procedure Governing Accreditation**

- 1919.3 Application for accreditation.  
1919.4 Action upon application.  
1919.5 Duration and renewal of accreditation.  
1919.6 Criteria governing accreditation to certificate vessels' cargo gear.  
1919.7 Voluntary amendment or termination of accreditation.  
1919.8 Suspension or revocation of accreditation.  
1919.9 Reconsideration and review.

### **Subpart C—Duties of Persons Accredited To Certificate Vessels' Cargo Gear**

- 1919.10 General duties; exemptions.